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The Case for Human Agency, Well-Being, and Community Reintegration for People Aging in Prison: A Statewide Case Analysis

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Abstract

This study profiled 2,913 adults aged 50 and older sentenced to a statewide correctional system and their parole eligibility status with implications for community reintegration, resettlement, and recovery needs. The research team developed the Correctional Tracking Data Extraction Tool to gather official data and personal and legal characteristics from a state department of corrections website. The majority of older prisoners were men from racial/ethnic minorities between the ages of 50 and 59 with a range of minor to serious offenses. Time served in prison ranged from 1 month to 45 years; more than 40% were eligible for parole within 5 years. These findings underscore the need for an intervention that can address the differing typologies and individual-level and systemic issues that gave rise to the aging prisoner population. Promising practices that address elements of a conceptual model in prison and community reintegration and recovery for older adult prisoners are reviewed.

Keywords

aging prisoners, older adults, prison, community reintegration, human agency, well-being

Background

In 2010, of the roughly 2.6 million sentenced prisoners in the United States, 13% ($n = 223{,}000$) were aged 50 and older (Guerino, Harrison, & Sabol, 2011). Older adults constitute the fastest-growing sector of the inmate population, which now is at least 5 to 8 times as large as it was in 1990 (Human

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Rights Watch [HRW], 2012). The incarcerated population is often classified as "older adult" or "elderly" beginning in their 50s, as opposed to the traditional retirement age of 65 (Falter, 2006). This age differentiation may be attributed to a process of accelerated aging in which the average prisoner may have a reduced health status comparable to nonincarcerated individuals who are 10 to 15 years older (Reimer, 2008). This process of accelerated aging may be due to prisoners' high-risk personal histories, which may be compounded by the often stressful conditions of confinement (Aday, 2006; Maschi, Kwak, Ko, & Morrissey, 2012). Therefore, the terms *aging prisoners* and *older adults in prison* in this article will refer to incarcerated persons aged 50 and older.

The rapidly growing number of aging prisoners often has been attributed to an increase in the general population of older adults and stricter sentencing policies (American Civil Liberties Union [ACLU], 2012; Maschi, Morrissey, Immagieron, & Sutfin, 2012). In the United States, adults aged 65 and above represent approximately 13% ($n = 40$ million) of the U.S. population, and this growth is projected to increase upward of 20% between 2010 and 2030 (Administration on Aging, 2009). In addition, the conservative criminal justice policy shift that began in the 1980s resulted in stricter public and legislative policies. This shift in ideology is reflected in the courts giving adjudicated offenders longer mandatory prison sentences that increased the likelihood that they would grow old in prison (HRW, 2012).

Regardless of the sentence length, roughly 600,000 prisoners are released back to the community, also referred to as community reintegration or resettlement (Nunez-Neto, 2008). Estimates suggest that over the course of a decade (1990 to 1999), older adults released to the community increased from 5,000 to 9,000 (Williams & Abraldes, 2007). Older adult prisoners' community reentry needs often are complicated due to age-related health, mental health, legal, and social/environmental needs (Mesurier, 2011; National Commission on Correctional Health Care, 2002). Official statistics show that 4 of 10 older adults in prison have mental health problems, including schizophrenia and dementia (Bureau of Justice Statistics [BJS], 2008). Additionally, about 7 of 10 older adults in prison report some type of medical problem, including serious and terminal illnesses, such as cancer (Anno et al., 2004; Maruschak, 2008). They often have comorbid physical and mental health symptoms, such as in the case of dementia that includes physical and mental decline (Fazel, Hope, O'Donnell, & Jacoby, 2001). Older prisoners also may have experienced victimization, such as being a victim or witness to physical or sexual assault, prior to or while in prison (Maschi, Dennis, et al., 2011; Maschi, Morgen, Zgoba, Courtney, & Ristow, 2011). These combined special health and mental health needs may affect prisoners' ability to make a smooth transition and reintegration in the community.

Older adults in prison pose a significant challenge that the correctional system is not adequately prepared to address (Prison Reform Trust, 2008). For example, most prison and reentry programming currently does not have the capacity to provide the geriatric-specific medical, mental health, and other needed services, such as legal and social services, to adequately address their needs (Williams & Abraldes, 2007). Despite the proliferation in the number of aging prisoners, many of whom are poised to reenter the community, we lack the needed information on the characteristics of older adults and their criminal justice histories, including prison sentence length, and community reintegration and recovery needs.

Aging Prisoner Typology

In developing or refining a geriatric-specific prison or reentry program, it is important to understand the heterogeneity among older adults in a prison setting (Goetting, 1983). Based on Goetting's (1984) classic typology, we developed a classification scheme of older adults in prison that has implications for prison and reentry services. It consists of the following three groups: life course older adults, acute and chronic recidivists, and late-onset offenders. The life course older adults represents a subgroup that

first entered prison as a juvenile or an adult who is serving 20 years or more to a life sentence. Many of these adults, by virtue of their age at incarceration and sentence lengths, are guaranteed to reach old age in prison or even die while in prison. Some of them will be released to the community after becoming institutionalized, which is problematic for readjustment to the community after reintegration. Because of their long sentences, members of this group have a high likelihood of having serious offenses, such as violence, murder, or aggravated sexual assault, and/or arson, making their reentry needs more difficult to negotiate, such as placement in housing or nursing home settings that are often reluctant to take them.

The term acute and chronic recidivists refers to older adults in prison who have cycled in and out of prison since they were juveniles, or adults with two or more prison sentences of varying lengths. Their prior imprisonment and reentry experiences did not result in successful rehabilitation and desistance from further criminal justice involvement. There is a high likelihood that the acute and chronic recidivists will reach old age in prison or be released to the community when they reach old age. When released, their community reentry needs, such as housing and finances, become even more complicated by age-related health and mental health conditions.

The late-onset offenders subgroup represents individuals who committed a crime that resulted in incarceration in older adulthood. These offenders are first incarcerated at age 50 or older, and many will serve short sentences before returning to the community. As a collective, these older adults have a complex set of biopsychosocial and legal considerations that need to be considered at each stage of their criminal justice trajectory, from arrest and adjudication to incarceration and reentry.

Rationale for the Current Study

The empirical literature on older adults in the criminal justice system has been miniscule (e.g., Walsh, 1989). The purpose of this study is to fill this gap by identifying a statewide profile of older adults sentenced to a state prison system in the United States. The research questions guiding this investigation were (1) What are the sociodemographic, legal, and ecological characteristics of older adults sentenced to a state prison system? (2) What are the characteristics of the prison sentencing and prison facilities where older adults are housed in a state correctional system? This information can be used to guide the development and improvement of crime prevention, comprehensive prison services, and prison reentry efforts, especially for older adults. Research on the characteristics of incarcerated older adults, prison sentencing and placement, and reentry status can be used to inform prevention and intervention, especially for prison and reentry programming.

Method

This study used a cross-sectional correlational design to examine a statewide population of incarcerated older adults. The department of corrections (DOC) in this study is in the northeastern United States and was selected because of the state's unique characteristics of 21 counties with diverse socioeconomic statuses and a diverse geography of urban, suburban, and rural settings across the northern, central, and southern parts of the state. Publicly available statistics on the DOC website indicated that in 2011 there were approximately 25,000 general population prisoners residing in 1 of the 14 state correctional facilities. Of this total, approximately 3,000, or 9% of all prisoners, were identified as the sample of inmates aged 50 and older.

Data for incarcerated older adults were obtained via the offender search option on the DOC website. For the purposes of this study, the sampling frame was offenders aged 50 and older. These records were identified using the "Age Between" advanced search option to identify only those individuals in the database who were aged 50 or older. The 2,913 cases that met this criterion were included in the study. The study was approved by the Fordham University institutional review board

(# 9.21.11) for exempt status for the use of secondary data. For data entry purposes, a unique case study identification number was assigned. Thus, all data extracted were de-identified and any identifiable information specific to an individual (such as name and inmate number) was not associated with the data collected.

Measures

The Correctional Tracking Data Extraction Tool was developed for the purposes of this study to gather information on the ecological, sociodemographic, and legal backgrounds of the older adults sentenced to the state DOC system (Maschi, 2011). The extraction tool consisted of 44 items divided into four sections: sociodemographic information (i.e., race/ethnicity, age, and gender), offense histories (i.e., types and number of offenses), prison types (e.g., minimum, medium, maximum, and mixed levels of security), and prison sentence and parole eligibility (e.g., county of commitment, date of admission, and parole eligibility). The data extraction tool was pilot tested until two members of the research team reached 100% agreement on the accuracy of the data extracted from individual case records.

Data Collection and Analysis Procedures

From February to May 2011, two trained research assistants completed the Correctional Tracking Data Extraction Tool (Maschi, 2011) using Microsoft Excel software. Using the state DOC's Offender Search Engine, relevant data were extracted on sociodemographic backgrounds, prison sentence, and parole. For the purposes of data analyses, the Excel file was converted into SPSS 18.0. Descriptive analyses were used to examine the ecological, sociodemographic, and legal histories of the older adult prison population.

Findings

Sociodemographic and Ecological Characteristics

For the descriptive analysis, the following publicly available characteristics were reviewed: age, offense histories, prison characteristics, prison sentence length, parole eligibility status, and county of commitment. Results of the descriptive analysis revealed a heterogeneous profile based on personal and ecological factors of older adults incarcerated in a statewide correctional system.

Age. As shown in Table 1, a total of 2,913 adults aged 50 and older were identified as being under the supervision of this state's DOC. Their age range spanned three decades with an average age of 56 years ($SD = 6.06$) and comprised "younger-old" (ages 50 to 59), "middle-old" (ages 60 to 64), and "older-old" (ages 65 to 84) subgroups. About 3 out of 4 were found within the "younger-old" group, in which almost half (47.5%; $n = 1{,}383$) were between the ages of 50 and 54 and one quarter (25.2%; $n = 735$) were between the ages of 55 and 59. About one fifth comprised the "middle-old" group (15.7%; $n = 458$). The "older-old" group (11.6%; $n = 337$) accounted for the remaining one tenth of the older adult prison population.

There was a disproportionate number of men and minorities found among the population of older adults. Men comprised the overwhelming majority (95.9%; $n = 2{,}974$) compared to women (4.1%; $n = 119$). Racial/ethnic minorities represented 66% of the overall older adult prison population and consisted mostly of African Americans (49.2%; $n = 1{,}433$) and Hispanics (12.0%; $n = 349$), while Caucasians represented about one third (34.9%; $n = 1{,}017$) of the older population. Overall, these percentages on gender and race are slightly higher for men and minorities when compared to the U.S. general population of prisoners aged 50 and older. According to national prison statistics of

Table 1. Sociodemographic Characteristics of an Older Adult State Prison Population.

	Total ($N = 2,913$)	
Variables	%	*N*
Race/Ethnicity		
African American	49.2	1433
White	34.9	1017
Hispanic	12.0	349
Asian or Pacific Islander	0.7	19
American Indian or Alaska Native	0.1	4
Age		
50–59 (younger-old)	72.7	2118
60–64 (middle-old)	15.7	458
65–84 (older-old)	11.6	337
Gender		
Female	4.1	119
Male	95.9	2794

prisoners aged 50 and above, men represented 92% of the population. Compared to Caucasian older adults (50%), older adult minorities represented 50%, including African Americans (45%) and Hispanics (5%; Sabol & Couture, 2008).

Offense Histories. As shown in Table 2, the offense histories of older adults in prison ranged from minor to severe offenses. Official records showed that about one third (34.7%; $n = 1,010$) of older adults in prison were incarcerated following conviction for one current offense. Older adults who committed two or more current offenses accounted for 65.3% ($n = 1,903$) of the total population of incarcerated older adults.

Serious violent offenses accounted for one third of the official offenses of the older adults (31%; $n = 1,732$). This included charges for murder (9.9%; $n = 560$), manslaughter (3.3%; $n = 186$), forcible rape (0.6%; $n = 35$), robbery (9.4%; $n = 530$), and aggravated assault (7.5%; $n = 421$). Serious property offenses that involved crimes against a person accounted for about one tenth of the official disposition of incarcerated older offenders (8.8%; $n = 494$). The offenses included burglary (5.5%; $n = 310$) followed by larceny/theft (2.4%; $n = 137$) and arson (0.8%; $n = 47$).

Official records also indicated that about 1 out of 5 incarcerated older adults (13.4%; $n = 763$) were charged with drug offenses. These offenses included controlled dangerous drug possession (6.4%; $n = 367$); intent to manufacture, dispense, or distribute (5.04%; $n = 285$); and other drug offenses (e.g., possession within 500 feet of public housing and distributing drugs on school property; 2.0%; $n = 111$).

Prison Housing Types. As shown in Table 3, the 13 prison facilities varied in security level, availability of specialized treatment services, and special population focus. Official records indicated that incarcerated older adults were housed across all security types, including minimum (23.3%, $n = 676$), medium (8.4%; $n = 246$), maximum (12.2%; $n = 353$), and mixed level (i.e., minimum, medium, and maximum; 15.7%; $n = 457$) security prisons. Older adults also resided in prisons with specialized treatment facilities with intensive substance abuse and medical treatment (21.5%, $n = 625$) and sex offender treatment services (8.8%, $n = 256$). Older adults also were identified as being placed in special population facilities for women (3.5%; $n = 102$) and youth (2.0%; $n = 58$).

Prison Term. Based on available records, older adults' most recent date of commitment ranged from 1966 to 2011 (see Table 4). This finding indicated that older adults were serving a current prison

Table 2. Offense History of an Older Adult State Prison Population.

	Total ($N = 2{,}913$)	
Offense Types	%	*N*
Violent offenses		
Murder	9.9	560
Manslaughter	3.3	186
Homicide	0.3	17
Forcible rape	0.6	35
Robbery	9.4	530
Aggravated assault	7.5	421
Property Offenses		
Burglary	5.5	310
Larceny theft	2.4	137
Arson	0.8	47
Drug-related offenses		
CDS possession	6.4	367
Intent to manufacture, dispense, distribute	5.0	285
Other drug offenses	2.0	111
Other offenses		
Weapons possession	10.6	602
Terroristic threats	1.6	92
Sexual assault	8.9	503
Kidnapping	2.1	120
Endangering child welfare	4.1	230
Shoplifting	0.9	51
All other offenses	18.4	1,042
Number of offenses		
One	34.7	1,010
Two	22.4	653
Three	12.8	373
Four	8.2	239
Five or more	21.9	638

sentence that ranged from less than 1 year to 45 years in length. About 72.5% ($n = 2{,}066$) have served between 1 year and 11 years of their prison term (2000 to 2011). The remainder (23.6%; $n = 689$) had served prison terms between 11 to 30 years (1980s and 1990s) or had served 31 to 50 years (3.9%; $n = 113$) in prison (1960s and 1970s).

Parole Eligibility Status. Records showed that half of the older adults (49.6%, $n = 1{,}445$) had parole eligibility dates that ranged from 2011 to 2066. About 32% ($n = 932$) were eligible for parole release within 1 to 2 years (2011 to 2013), 8% ($n = 239$) within 3 to 5 years (2014 to 2016), 5% ($n = 137$) within 6 to 10 years (2017 to 2021), and 5% ($n = 137$) within 11 or more years (2022 to 2066). Available records also indicated that for half of the older adults (50.3%; $n = 1{,}464$), parole eligibility was identified as not applicable. This finding suggests older adults were mandated to serve a maximum sentence (release without parole) or were serving a parole-ineligible life sentence. The DOC defined parole eligibility date as the most recent expected date of release based on the State Parole Board's calculation policy and procedures.

County of Commitment. Older adults in prison were committed across the 21 counties that comprised the Northern, Central, and Southern regions of the state. The largest cluster was sentenced in the

Table 3. Prison Housing Types of an Older Adult State Prison Population.

	Total ($N = 2,913$)	
Variables	%	*N*
Types of facilities		
Minimum security	23.2	676
Medium security	8.4	246
Maximum security	12.1	353
Mixed security levels	15.7	457
Specialized facilities		
Substance abuse, medical treatment facilities	21.5	625
Sex offender treatment facilities	8.8	256
Women's facilities	3.5	102
Youth facilities	2.0	58
Out of state facility	1.5	44

Table 4. County of Commitment, Prison Term Length, and Parole Eligibility Status of an Older Adult State Prison Population.

	Total ($N = 2,913$)	
Variables	%	*N*
County of commitment		
Northern counties	43.8	1,275
Central counties	22.5	656
Southern counties	32.4	944
Out of state	1.0	28
Years in prison for most recent offense		
1–2 years		
2010–2011	21.6	628
3–11 years		
2000–2009	50.9	1,438
12–21 years		
1990–1999	11.6	338
22–51 years		
1960–1969	0.1	3
1970–1979	3.8	110
1980–1989	12.0	351
Parole eligibility		
2010	0.1	4
2011	15.1	441
2012–2013	16.9	491
2014–2016	8.2	239
2017–2021	4.7	137
2022 and beyond	4.7	137
Not applicable	50.3	1,464

Northern region (44%; $n = 1,275$), followed by the Southern (32.4%; $n = 944$), and Central (22.5%; $n = 656$) regions. Within these areas, almost one quarter of the population was committed in counties with large poverty-stricken urban centers.

Discussion

Overview of Major Findings

This investigation sought to gain a more comprehensive portrait of state prisoners aged 50 and older. The findings revealed that the majority of older adults in prison were men of color who had been incarcerated for a range of serious and nonserious offenses with a high likelihood of returning to high-crime, low-income geographic regions. They had served prison terms as short as 1 month and as long as 45 years. As for community reintegration needs, two out of three incarcerated older adults were eligible for parole within six years.

The sociodemographic and social/environmental characteristics of the study sample may influence their community reintegration prospects. For example, community reintegration needs are more complex for different subgroups of older adults based on characteristics, such as race/ethnicity, age, gender, physical and mental health status, socioeconomic status, and level of family and community support. For example, greater age places older adults at higher risk of age-related health decline and also may vary by gender and race. The needed services for the older and chronically or terminally ill adult may not be readily available in the community. Additionally, the seriousness of offenses (e.g., sex offenses) may make it more difficult to finding housing or nursing home placements. Other challenges relate to length of prison sentence (e.g., being unprepared to return to contemporary society) and the possibility of returning to high crime and impoverished communities of the counties where they were committed.

This statewide case analysis of information on the aging prison population was conducted in an attempt to gather data on the individual- and environmental-level factors that may fully describe their heterogeneity. Differences were found that support a typology of older adults in prison with individual-level differences such as age, race, gender, seriousness of offense, and social/environmental characteristics, such as facility type, length of time served, and parole eligibility. The findings suggest that there may be an "age-inflated" disproportionate confinement of racial minorities in which minorities are overrepresented among older prisoners compared to the general prison population (Sabol & Couture, 2008).

Conceptual Model

Based on these findings, a conceptual model was developed to account for the role of individual and social/environmental factors that may explain the aging prison population and their pathways to and through prison (see Figure 1). We offer an integrative and interdisciplinary framework that incorporates the life course perspective, ecological systems, critical theory, and action and recovery theory to explain the heterogeneity of older adults before, during, and after prison (Coady & Lehman, 2008; Elder, 2003; Mullaly, 2010; Sampson & Laub, 2003). As described earlier, life course older adults are those who committed a serious crime in their younger years that resulted in a long sentence or lifetime in prison that led to them growing old in prison. Acute and chronic recidivists have cycled in and out of prison, while late-onset offenders committed their crime later in life or their crime did not come to the attention of the law until they were older. Differing pathways can be traced for each of these groups and have implications for how their prison and community reintegration needs might be addressed.

The Life Course Perspective. The life course perspective is important for conceptualizing the pathways to prison and community reintegration among older adults. It offers a longitudinal and comprehensive portrait of how life circumstances from the individual to the macro policy level impact older adults' life course development while in prison or in the community (Sampson & Laub, 2003). As illustrated in Figure 1, on an individual level, when an individual commits a crime, the act represents an individual's choice of human agency, for the most part. However, the life course has a future horizon, not just a lived past. It is human agency and its intentionality that creates possibility

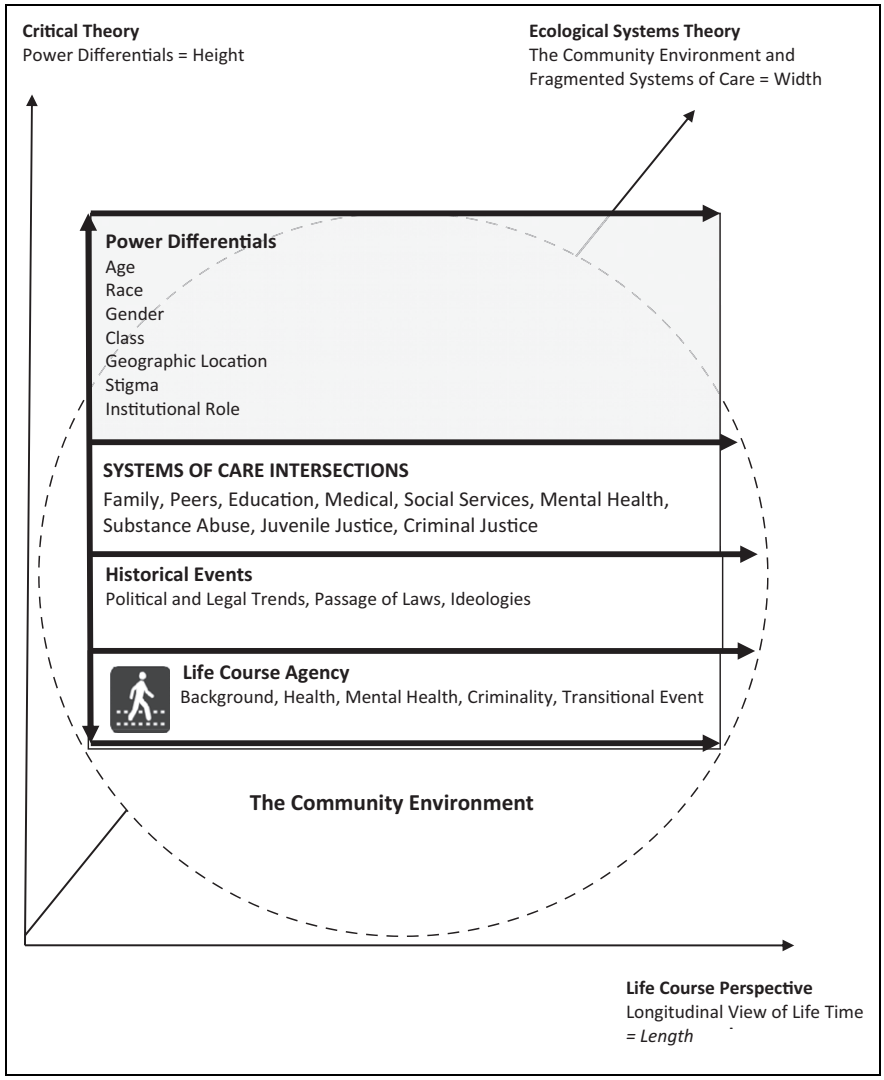

Figure 1. A conceptual model that incorporates the life course perspective, ecological systems, and critical theories to track the different pathways of older adults in prison and areas for prevention, assessment, and intervention.

for change in that future horizon, even for the older adult in prison or released from prison. On a more macro level, the conservative sentencing of the 1980s is representative of a generational and historical ideology that resulted in a radical shift affecting the aging process of individuals and their families involved in the criminal justice system. Understanding both the micro and the macro factors that have impacted older adults' development throughout their lifetime is an imperative aspect of the model.

Ecological Systems Perspective. Taking the model to another dimension involves integrating the life course perspective with ecological systems perspective. This integration enables us to look beyond an individual's choices and decisions and situate the individual, including in older adulthood, in his or her environment, understanding how the aging prisoner population crisis is in fact emanating from

the larger and flawed system (Coady & Lehman, 2008). Furthermore, while an individual's choice to commit a crime might be considered a form of human agency, systemic issues such as lack of access to social supports or effective health, mental health, or substance abuse services place individuals at heightened risk of criminal justice involvement.

Critical Theory. Incorporating critical theory into the integration allows for the examination of power differentials across different societal groups, such as the dominant White group compared to persons of color (Mullaly, 2010). This power differential can be used to explain how personal characteristics, such as race/ethnicity, heighten the likelihood of stricter sentencing and long-term incarceration, which according to these preliminary findings may even increase with age. That is, there is a strong possibility that this is an "age-inflated" disproportionate confinement of minorities in older adulthood.

Action and Recovery Theory. The fourth dimension of the model is action and recovery theory (Davidson et al., 2006), which is consistent with critical theories (Mullaly, 2010). Davidson and colleagues (2006) have identified human agency as an active force that is the drive for future-oriented change in human life. Care for those living in the prison system suffering with varying forms of pain or mental disorders is reconceptualized from a deficit to a recovery model based on desire for human agency in the form of self-expression and self-identity as an essential component to the transformation of mental health and social services. The translation of services to older adult prisoners to recovery-oriented approaches will be critical to supporting community reintegration that also balances public safety and offender accountability. Integrating public safety and offender accountability with a person-centered approach permits the acknowledgment of compassion juxtaposed with punishment. A person-centered care approach introduces the importance of reciprocity in relationships as opposed to a pure power differential approach. It also offers a strengths-based as opposed to a deficit-only approach. Infusing the strengths perspective can help to foster hope, self-determination, and empowerment. This internalized self-efficacy may help older adults to make the most successful transition back into their communities (Davidson et al., 2006).

Case Example. The following is a case example to illustrate the model. Mr. D. is a 59-year-old African American male and can be classified chronic recidivist due to five incarcerations starting at the age of 19. His life history reveals that he experienced multiple interruptions or transitional life events, such as being the victim of child sexual abuse, the death of both parents, foster care involvement, expulsion from school. In later life, he reports multiple losses of jobs due to racism, ageism, homelessness, and health problems (Maschi, Gibson, Zgoba, & Morgen, 2011). He acknowledged that his response to what he referred to as difficult life events was to medicate himself using alcohol and drugs. He describes life periods of desperation in which he resorted to committing crimes to cope with his feelings of loss and disempowerment. He also reports having been reluctant to use available services because he did not like the way he was treated at the shelter and substance abuse agencies.

Using the example of Mr. D., an ecological systems theory can be incorporated that allows us to conceptualize beyond the one dimensional horizontal understanding to adopt a wider systemic view that acknowledges that if culturally responsive mental health or advocacy services were accessible to him in the community, he may have circumvented a cycle of lifelong recidivism (Maschi, Kwak, et al., 2012). Finally, the critical theory piece provides insight that Mr. D. had a series of cumulative disadvantages, including those based on race and age, that may have impeded his fair access to employment and services such as education and medical treatment, which may have placed him at heightened risk of committing a crime. Additionally, the fragmentation among service providers or the reluctance of individuals like Mr. D. to obtain services (such as mental health care) due to stigma may result in unmet treatment needs (Mullaly, 2010).

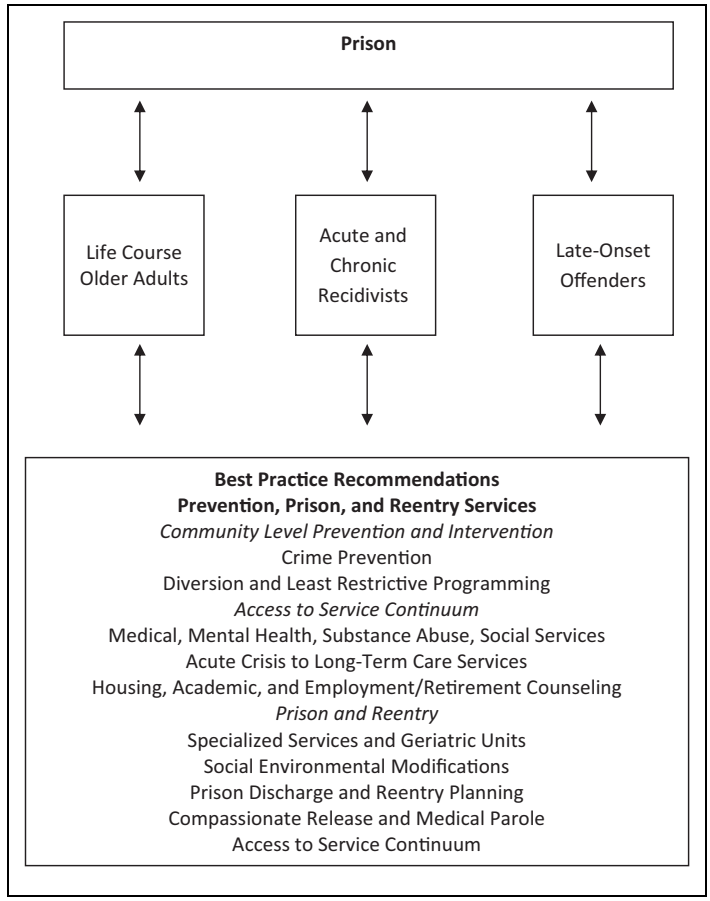

Figure 2. A classification scheme of older adults in prison and best practice recommendations for criminal justice prevention and intervention.

In general, a combined life course, ecological systems, and critical theories analysis can lay the foundation for promising practices for community reintegration for Mr. D. and other older adults in the criminal justice system that will maximize that potential to foster well-being and human agency while also accounting for offender accountability and public safety needs. Figure 2 illustrates characteristics of prison and community reintegration that may assist in fostering personal agency and well-being as older adults reconnect with their communities and continue to receive supportive services. Community-level prevention and intervention strategies include crime prevention, diversion, and least restrictive programming. The access to service continuum includes acute crisis and long-term care services, such as medical, mental health, substance abuse, social services, housing, academic, and employment/retirement counseling. Characteristics of prison and community reentry programming may include specialized services and/or units, social/environmental modifications to account for age-related frailty or disabilities, and prison discharge and reentry planning. For the serious and chronically ill, access to compassionate release and/or medical parole also is warranted (HRW, 2012).

Rationale for a Holistic Approach to Community Reintegration. A holistic conceptual model may be useful in guiding future research and evidence-based programming with the older adult prisoners before

and after reentry. Currently, there is a dearth of research and established evidence-based practices for older adults in the criminal justice system. Older prisoners are of particular concern because of the projected growth of the general aging population in the United States. In the next 10 to 20 years, as the Baby Boom population ages, the number of adults aged 50 and older will equal 20% of the total population (U.S. Census Bureau, 2010). This increase will likely correspond to an increase in the aging prisoner population, making it imperative that this issue be addressed (HRW, 2012). Incarcerating prisoners into or during older adulthood, with their increasingly complex set of needs, is problematic because the existing correctional care system is not designed to carry out the functions of long-term care or nursing home facilities (HRW, 2012).

There are also high costs to incarcerating older prisoners. Estimates suggest that older adults are 3 to 5 times more expensive to incarcerate than their younger counterparts (HRW, 2012; Kinsella, 2004). The criminal justice system cannot afford to ignore the expense associated with the anticipated growth in the aging prison population.

Proposed policy and practice implications for the aging prisoner population also should address justice considerations, prevention of life course offending and/or incarceration, cost-containment issues, and physical, mental, and biopsychosocial care needs (Snyder, van Wormer, Chada, & Jaggers, 2009). Moreover, the possibility of defraying the costs by gaining knowledge of life course patterns of the older offenders can assist with crime prevention among juvenile and adult offenders (Sampson & Laub, 2003). If we gain predictive knowledge about the patterns of older prisoners, we can develop cost-saving prevention programs for younger offenders who appear to be traveling pathways similar to their older counterparts.

Developing appropriate policy is critical as states struggle with the increasing expense of caring for older adults in the criminal justice system. Therefore, interdisciplinary collaboration is necessary, including coordination among the different service systems, such as health, mental health, social services, and criminal justice (Gaydon & Miller, 2007; Maschi, Kwak, et al., 2012).

Promising Prison and Community Reintegration Practices That Foster Human Agency and Well-Being Among Older Adults

This study provides a glimpse of the individual characteristics, types of prison setting, and reentry potential for older adults residing in a statewide correctional system. Based on this information, a conceptual model was developed in an attempt to capture the heterogeneity of different types of older prisoners, which include the life course older adult, the acute and chronic recidivist, and the late-onset offender. This model was found within an overall ecological context of a movement toward the recovery of lost agency and toward personal empowerment, autonomous decision making, well-being, and full membership in community. Suggestions for innovations in the response to older adults in prison are advanced that include major domains of health, well-being, and supportive and enabling environments (Hokenstadt & Roberts, 2011; Powell, 2009; see Figure 1).

Social Environment Responses in Prison. Prisons can adopt modifications to the social environment to best meet the specific needs of older adults. For example, prison and after prison settings might provide environmental modifications such as designated areas for physical exercise for older adults with activities they are likely to enjoy (e.g., shuffleboard in addition to basketball) to increase physical activity and reduce fear and anxiety (Snyder et al., 2009). The assignment of older adults to lower bunks and first-floor cells, the installation of handrails in hallways and showers, and the allowance of increased time to consume meals and travel to various locations in the institution would mitigate the hardship of being old in prison (Aday, 2003).

Professional staff, particularly those who have direct contact with prisoners, should be trained to address prisoners' unique life span issues, especially for older offenders. Older adults in the

preretirement years who are reentering the community often have academic and employment needs that should be addressed so that they do not accrue life course cumulative disadvantage that increases their risk of homelessness and recidivism. Older offenders, especially aged 65 and older, have unique community needs, such as social security and specialized housing (e.g., assisted living), and often a lack of living family members to assist them upon release.

Planning and decision making are becoming integral and unassailable components of living into old age in America today (Strohschein, Bergman, Carnevale, & Loiselle, 2011). Older adults in prison also should have access to good planning and decision making education about their health, well-being, and future, whether that future will be in prison or in the community. Older prisoners have constitutional rights to medical treatment (*Estelle v. Gamble,* 1976) and the right to refuse medical treatment (Cruzan, 1990), as well as statutorily defined rights to self-determination and to plan in advance for their health care. The Universal Declaration of Human Rights also underscores the rights of all individuals, including prisoners, to access to adequate and equitable health care services (Wronka, 2010). Research has shown that within a social ecology of health, health care decision making is a complex process that involves elements of relational agency and autonomy (Morrissey & Jennings, 2006). One important step toward this end is improving health literacy and health communication in prisons. Trained professionals or inmate supports can be used to help older prisoners understand the health care decision-making process, which is essential to their well-being in prison and when they reenter the community (Strohschein et al., 2011).

Alternative Policy Responses. Proposed policy and practice reform efforts should address older adults' cost-containment issues while in prison, as well as the costs associated with their successful transition to the community, including compassionate release or medical parole policies (ACLU, 2012; HRW, 2012). As prior studies have indicated, older prisoners' physical, social, and psychological needs are complex. This complexity creates the need for informed and targeted services for older adults during any point of criminal justice contact, from arrest to adjudication, probation, prison, and parole (Snyder et. al., 2009). The annual $60 billion in reentry costs to American taxpayers could likely be significantly reduced with the adoption of effective strategies for prison and reentry services, especially with older adults with diverse needs (Nunez-Neto, 2008).

The wide scale adoption of continuum of care policies that recognize alternative strategies that address health, cost, and safety issues for correctional and community care are warranted (ACLU, 2012; Chiu, 2010; HRW, 2012). For some older offenders, less restrictive alternatives to incarceration may be more appropriate. For older adult prisoners with terminal illness, compassionate release may be a feasible alternative to care within the prison system. Other alternatives include less restrictive and cost-efficient probation and/or postincarceration diversion programs (i.e., early parole) for nonviolent prisoners over the age of 65 (Chiu, 2010).

BJS findings indicate that compared to younger inmates, older inmates have the lowest likelihood of recidivating (Langan & Levin, 2002). Given this finding of lower reoffending, the policy initiatives outlined above become more viable. However, more conservative monitoring approaches, such as the use of ankle bracelets, allow the option of diversion from incarceration or the early release of older prisoners. Both diversion options are much less expensive than warehousing them in prison and may more easily address trauma, mental health, and health issues, greatly reducing the costs associated with caring for older inmates. For more dangerous older adult populations, the establishment of geriatric units in which older adult prisoners in special units are separate from younger prisoners may better provide for their special needs, although it will be critical for correctional staff members who work with this population to receive specialized training to effectively provide care (Davies, 2011; Dawes, 2009; Reimer, 2008).

Promising Practices: United States, Canada, and Abroad

A number of programs and promising practices are being used to address the complex needs of older adults in prison, particularly when they reenter the community. These programs include the Senior Ex-Offender Program (SEOP), Resettlement and Care for Older Ex-Offenders (Recoop), RESTORE 50+ Program, and the Reintegration Effort for Long-term Infirm and Elderly Federal Offenders (RELIEF).

SEOP (San Francisco, CA). Funded by the U.S. Office on Aging, the SEOP is based in a senior center for adults aged 50 and older who are incarcerated or about to be released. It provides medical, financial, social, mental health, and employment services. Wraparound services are provided that include basic needs, health literature, pre- and postrelease counseling, case management, and counseling and support groups (Maschi, Dennis, et al., 2011).

Recoop (England). This program promotes the care, resettlement, and rehabilitation of older offenders and ex-offenders. Program components include support services, advocacy, financial advice, and life skills mentoring (Davies, 2011).

Restore 50+ Program (England). This support network uses an "offender responsibility model" and is run by older ex-prisoners in collaboration with correctional staff (Davies, 2011). Using a holistic approach, older ex-prisoners provide peer mentoring and social support services. It is innovative for using other ex-prisoners to assist with community reintegration (Davidson & Rowe, 2010).

RELIEF (Canada). Established in 1999, this program was designed to facilitate the transition of elderly and infirm older adults from prison to the community. It uses a peer support model in that ex-prisoners are screened to provide hospice training to take care of elderly and infirm ex-prisoners (Maschi, Kwak, et al., 2012).

As a collective, these programs are promising practices with the distinct goal of fostering health and well-being as well as personal agency and responsibility among older adults during the community reintegration and resettlement process. They also underscore the use of social support using ex-inmate peer supports in collaboration with professionals.

Study Limitations and Future Research Directions

The current findings provided a basis for better understanding of the aging prison population using data from one U.S. northeastern state. The inferences drawn from this examination must be tempered by the methodological limitations of the research design. First, the reliability of the data is questionable. Although the study used trained research assistants to extract the data, there is no way to verify if the original data source was 100% accurate or up to date. Also, these findings represented only one state's population of older prisoners and thus are not necessarily representative or generalizable beyond this geographic scope. Additionally, information could be gathered only on data that were made available. Future research should include larger, national, and international studies that allow for subgroup analyses to provide a clearer picture of the needs of this population. Longitudinal studies would also provide a way to measure the stress of incarceration over time (e.g., Hochstetler, Murphy, & Simons, 2004). The information gained from future studies can help guide future practice and policy that impact the health and well-being of older adults in the criminal justice system or at risk of involvement.

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